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CASES ILLUSTRATIVE OF THE BENEFICIAL EFFECTS OF ETHER.

By Alexander E. Kossach, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

As the administration of sulphuric ether as a preventive of pain in surgical operations has not yet obtained the entire sanction of the profession, I trust I shall be excused in offering the following cases, which, while they add numerically to the weight of testimony already in its favor, will serve to illustrate the peculiar effect of this wonderful discovery in some of the more severe operations of surgery.

CASE I.—December 20, 1846. I amputated a thigh, at the upper third, of an athletic young man, about 30 years of age, for a disease of the thigh bone involving the knee-joint; in other respects he was perfectly healthy. He breathed the ether for five minutes before he appeared to be fully under its influence. The operation was then performed, without the patient experiencing the least pain. He complained of a slight smarting, upon securing one of the smaller arteries (the principal arteries being tied), but not until the ethereal influence had passed off. The wound being dressed, he was placed in bed, where he slept comfortably the whole night. The following morning I found him cheerful and doing well. I then for the first time questioned him as to his sensation during the operation; whereupon he informed me that he had not experienced the slightest pain, but he was sufficiently conscious of all that was going on at the time. He knew when the thigh was transfixed by the knife, and when the bone was being sawed through, but had no disagreeable sensation from either. He has since perfectly recovered, after suffering from an attack of erysipelas of the stump during the healing process, but which circumstance may be regarded as purely incidental.

CASE II.—January 17th, 1847. This was a fungoid disease of the testicle, in a young man about 26 years of age. The disease was consequent upon injury received nine years previous. His constitutional health was not in the least impaired. He breathed the ether for five or six minutes, when etherization was complete, which while being produced was attended with the usual symptoms, such as flushed face, quickened pulse, accompanied with rigidity of the entire muscular system, apparently threatening convulsions—which, however, soon subsided, fol-

lowed by a relaxed state. The operation was then begun, when the patient became very restless, and insisted upon getting up, and indeed acted like a drunken man trying to extricate himself from a scuffle. The operation soon being completed, and the wound dressed, the patient was placed in bed. He soon after assured me that he had not been aware of the least suffering. He was extremely cheerful, and quite delighted that the operation was over. In due time he perfectly recovered, without any untoward symptom, and with very little soreness or fever.

CASE III.—March 9th, 1847. I removed the breast of a healthy female about 40 years of age. She had been troubled with fibrous tumors for a year and upwards, attended with sharp and lancinating pains, and apparently involving the mammary glands. Fearing their contamination sooner or later, and it being also the wish of the patient, I determined upon the operation, which was accordingly performed immediately after etherization had been produced, which was fully effected after three minutes inhalation. The operation was completed without a struggle on the part of the patient, who, while having the wound dressed, observed a sprinkling of blood on my face, which seemed to engage her especial care, and she would not be satisfied until water was brought and the blood washed off. She was very loquacious and cheerful, telling of her delightful dream which had carried her back to her youthful pleasures. The dressing of the wound being completed, I suffered her to walk (as she insisted upon it) to her bed in the adjoining room, but after arriving there she refused to lie down, saying that she was perfectly well, and that nothing was the matter with her. Her attendant, in reasoning with her about being kept quiet, remarked, "you know you have had your breast removed," whereupon she was very much surprised, saying it was not so, as she had felt no pain and had known nothing about it, therefore it could not be; and besides, it was to-morrow that the operation was to be performed. The nurse, however, failed to convince her, and not until my visit and assurance of the fact was she willing to credit it at all. The wound healed entirely by the first intention, without the slightest exudation of matter, not even at the exit of the ligatures, which came away in due time, amounting to nine in all. I must not omit to mention that this patient dressed herself every morning after the third day, and without permission walked upon the fifth day after the operation. I record these details to show the remarkable influence of the ether upon the healing process, for the breast removed was considerably larger than the usual size, and so slight was the inflammation after the operation, that the edges of the wound and the opening made by the passing of the sutures were scarcely reddened, nor was any part painful to pressure. The beneficial influence of ether in favoring the healing process, has frequently been observed and made mention of by others, but in no instance have I met with so flattering a result.

CASE IV.—March, 1847. I removed the breast of a lady for incipient carcinoma. In this case etherization was imperfectly produced, in consequence of a defect in the inhaler. She however informed me

that she had imperfect sensations of pain, and was perfectly satisfied that her sufferings had been much less from her having taken the ether.

CASE V.—June, 1847. I performed the operation of lithotomy in a boy, about 12 years of age. He had suffered from the irritation of stone for about three years. The ether in this case was inhaled between four and five minutes before a full effect was produced. The operation was then performed, the little patient the while continuing to talk incoherently, as of boys taking his marbles from him, and his throwing stones at them, at the same time making a noise and struggling to get loose, and indeed was so restless as to interfere with and protract the operation. After it was completed, the patient was placed in bed. He never complained of pain, slept comfortably at nights, and has perfectly recovered in the usual time, without experiencing the least fever.

CASE VI.—July 9th, 1847. This was a case of strangulated femoral hernia, in a lady about 43 years of age. After trying the ordinary means of reducing the tumor, I determined to make an attempt, before resorting to the operation, of the relaxing influence of etherization, which being effected, the hernial tumor was replaced without the slightest difficulty. From this single instance of success, I do not hesitate to recommend the inhaling of ether as an additional means to the taxis in cases of irreducible or strangulated hernia.

By accurate observation of the effect of ether in the foregoing cases, as well as in other operations of less importance, I am decidedly of the opinion that it is the same in all instances as to the destroying of sensibility to pain, but the apparent effect upon the mind is very different. In the instance of amputation of the thigh, in case first, the patient stated that he had most pleasing sensations and was perfectly happy, and he remained perfectly quiet. He knew all that was going on about him, heard the remarks made at the time by those present, knew when the knife was introduced to make the flaps, knew when the bone was being sawed through, and when the vessels were taken up; still, as he remarked to me, he had yet to feel the first smart.

In the second case the patient was extremely restless, and acted with the pertinacious obstinacy of a drunken man, insisting upon getting up. He was nevertheless unconscious of the operation having been performed, and suffered no pain, as he assured me he had not realized any.*

In the third case the patient was perfectly quiet during the whole time of the operation, indulging in delightful reveries, fancying herself (as she afterwards told me) at home with her friends, and struggling to get through a gate which she could not open wide enough to pass through. With her it was a complete delusion; for, some time after her conscious-

* A similar instance, and under similar circumstances, occurred in the practice of Dr. J. K. Rodgers, in which the patient supposed himself fighting with "ten thousand devils," as he afterwards expressed himself, in speaking of its effect, but he was not conscious of pain. In another instance, when Dr. Rodgers amputated the thigh, the patient made no expression of any kind until the bone was being sawed through, when he screamed to the height of his voice; and upon being interrogated after the operation, as to his sensations, he said he had not experienced the least pain, but imagined himself seized by some butchers, who were cutting off his arm, which I think was a dream arising from the last impression upon his mind previous to the operation.

ness had returned, she was entirely incredulous of the operation having been performed, and not until assured by me of the fact was she willing to admit it. I have recurred to these instances to show how different the effect of etherization is upon the minds of different persons, independently of its benumbing influence upon the sentient part of nerves.

The great and important questions the profession have to determine, are—first, when is etherization fully established? Secondly, by what means are we to guard against its fatal effects? Thirdly, is the danger of serious consequences common to all who inhale it? or do those only incur danger who inhale more than is necessary to produce insensibility to pain? If these questions cannot, in the process of time, be satisfactorily determined, the fatal effects must then be set down to chance, or as acting differently upon different constitutions, making a rare exception comparatively to the general rule; in which event we have to enter into a calculation of the good to be derived by the inhaling of ether, in the saving of human life by preventing the shock to the system in the severer operations performed, when called for from accident or injury; or when the operation is itself of a magnitude to make so serious an impression upon the mind. Every surgeon who has witnessed the effect of the ether in preventing pain in a severe operation, must admit that the patient has escaped the severity of the shock. This benefit is evinced by the comparative slight fever that follows, by the diminished suffering from the wound, and, above all, by the moderation of inflammation during the healing process. This lessening of the shock, then, being not the least of the benefits derived from the inhaling of ether, should be properly estimated, and the lives thus saved should be placed as an offset against the comparatively few instances of death ensuing from the inhaling of ether.

It therefore behooves us to ascertain to what extent we can administer, with safety, the ether, before producing that precise state of insensibility to pain beyond which it is unnecessary to go. According to my observation, the inhaling of ether should be discontinued the moment the patient shall have passed through the only symptoms as yet known to us by which we are to judge that etherization has been fully effected; and these symptoms I deem to be essential for its complete effect. It may be accomplished in three minutes, or it may require seven or eight; beyond that period I should be unwilling to continue the effort, unless by allowing the patient to repose a few minutes, when the attempt might be renewed. These essential symptoms are as follows:—flushed face, dilated pupils, increased action of the pulse, relaxation of the entire muscular system. The latter may or may not be preceded by rigidity, but it is frequently the case. When relaxation of the muscles throughout is established, the saliva will flow from the angles of the mouth, which circumstance I am inclined to regard as the best evidence, when it follows the other signs, that etherization is fully and completely established. At that moment farther inhalation should be discontinued; at all events until the first step, or the severer part of the operation, shall have been completed, when upon the re-animation of the patient, an occasional whiff or

two may be taken, and which I have always found quite sufficient to re-establish the insentient state. By some recent experiments made by my friend, M. Amussat, of Paris, upon the inhalation of ether by animals and man, he establishes the fact that animals die from the continuance to inhale ether after the insentient state has been fully effected. Upon the examination of an animal killed by breathing the ether, he discovers that death has been caused by asphyxia, the different viscera presenting the same appearance as when death follows from breathing the carbonic acid gas. In both instances the blood is deprived of oxygen, and presents a dark tar-like appearance.

New York, July, 1847.

**MEDICAL ETHICS, FOR PRACTITIONERS AND FOR COLLEGES, OR
"WHAT MAKES THE DIFFERENCE?"**

[Communicated for the Boston Medical and Surgical Journal.]

THE admirable code of medical ethics reported to the recent National Medical Convention, by the committee appointed for that purpose, and which was unanimously adopted by that body, as shadowing forth the leading principles which should regulate the conduct of medical men, not only in their intercourse with each other, but in all their varying relations towards the public, notwithstanding the marked ability with which it was drawn, contains some things which to the writer appear not only superfluous, but actually manifesting a squeamishness, which, if carried out in practice, cannot but retard individual advancement, and consequently individual usefulness.

Without designing to enter into an extended analysis of so important and able a document, the writer hopes that it will not be considered presumptuous in him to say, that too much of it appears to be borrowed; that many of its dogmas, though perhaps suited to other countries, and to former times, are but imperfectly adapted to the present age, and more especially to our own country, where restraint of any kind is impatiently borne, unless some good reason for its exercise can be given. True, the more important principles governing professional intercourse and conduct, are, and must of necessity ever and everywhere be, the same, and might with propriety be stereotyped into all the languages of the earth; yet there should in every code be much which may be considered but as the filling up—the material of adaptation, which, apparently only serving to give a properly-moulded exterior, often becomes, like the cement of ancient masonry, more solid than the substance of which the structure is composed; and consequently great care should be exercised in order to shape these minor and less fixed principles to the peculiar circumstances of those to whom they are to be adapted.

Against these views, it cannot with propriety be urged that our profession is separate from the ordinary callings of life; that its duties and responsibilities embrace the most valuable interests of life—yea, life itself; are imperative, abstract; do not run parallel with, and are incapable of

being compared to, any other occupation, and hence manners, customs, institutions and laws can exert no influence over it; that the duty of the patient is to submit implicitly to the advice of the physician, and of the physician to exert himself faithfully for his patient's benefit, and to bring to the aid of his own experience all the light that science affords. Were this all that medical ethics sought to regulate, the code would indeed be extremely simple. This, however, is not the point at issue, or rather not the subject of question. That the patient should be confiding, the physician attentive and capable, and that the intercourse of members of the same profession should be gentlemanly, are axioms as completely demonstrable as those of Euclid. Yet these truths are only applicable to a small part of professional labor, after the individual has reached the goal of his aim, and afford no light to solve the more difficult questions that so frequently beset the path of him who may be desirous of conducting himself on principles founded on the basis of religion and morality, while engaged in the preliminary and direct studies of his profession.

Indeed, the laws intended to regulate the conduct of medical men cannot, by any parity of reasoning, be confined exclusively to the period and persons devoted to the practical application of the art, but should commence (at least a premonitory influence) with the preliminary education; should be rigidly enforced, by precept and example, *by teachers* during the time of professional study, and should be observed and practised with the most scrupulous exactness by professors teaching in our colleges; and then, by early acquired habit, they would become the friendly Mentors of life's voyage, rather than the despotic rules of the practical period of the profession, to which a grudging obedience must be yielded. Nor can the writer discover any good reason why professors teaching in their various departments in the colleges—the assumed magnates of the profession—those to whom is committed the trust of teaching the youthful *medical* “idea how to shoot”—should be absolved from a code, the basis of which is religion and morality; and yet in this code, neither chapter nor article, nor even a paragraph, is devoted to the duties of this important branch of the profession. Indeed, while we the laity are sometimes properly, and, as the writer thinks, sometimes improperly, restricted to “straight gates” and “narrow ways,” our teachers—those from whom we have imbibed, and the rising generation of the profession are now imbibing, precepts, the influences of which are to be shed over the whole area of life—are allowed, in the pursuit of what they esteem their interest, to range with unrestrained license wherever opportunity or disposition may direct them.

The code professes to “rest on the basis of religion and morality,” and the writer has been unable to discover, in its whole length and breadth, anything inconsistent with the exalted standards thus assumed; indeed, the character of the committee was a sufficient guaranty that nothing inconsistent with the purity, dignity and honor of the profession would be found among its precepts. But it is a principle so generally recognized, as to fall little short of an axiom, that the teacher of any science or doctrine is in no wise exempt from the influence of those laws,

which should regulate the conduct of his pupils, when they shall have assumed the station for which it is his object to qualify them. We should truly be surprised to hear the divine openly disavow his obedience to the tenets he dispenses from the pulpit, or the legislator refuse allegiance to the laws he has assisted to make; and equally inconsistent it certainly is, for those whose province it is to teach the various departments of medical science, whose duty places them at the gate of entrance to the profession, to refuse obedience to its ethics, to disregard its duties and courtesies, and the maintenance of a dignified personal character. Indeed, how can we expect the young medical practitioner, when he shall have attained the honors of his *alma mater*, and finds himself licensed to go forth and deal out pill and drop over the whole world, at once to assume that high standard, that noble basis of character, so ably urged upon the great body of the medical profession by the committee on ethics, unless he has already, not only by precept but by example, been well schooled in such a path by his public teachers. If among those, whom his young and inexperienced mind has been led to consider as the great ones of the earth—the magnates of his favorite science—he has witnessed the bickerings of jealousy, or the vain boastings with regard to the privileges afforded by one institution over others, equalled only by the empty fanfaronade of the countless nostrum mongers; if he has witnessed a laxity of discipline, the student, as patron, holding supremacy over the teacher, the latter obsequiously bowing before the former; if he has seen a general disregard as to whether the candidate for graduation has complied with the requisitions of the college *curriculum* or not; in a word, if he feels that the diploma he has obtained has been purchased by money instead of merit, how can he be expected to take a high standard of rectitude, or establish a character “based on religion and morality,” in a profession thus reached through the avenues of corruption and bribery?

PARACELsus.

THE LATE SUIT FOR MAL-PRACTICE IN DELAWARE CO., N. Y.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—The old saying, that “doctors will differ,” is still applicable in full force to the members of our profession. A difference of opinion between two or more physicians, where the spirit of kindness and courtesy controls the intemperate expressions of vanity and malevolence, may often lead to the best results. But when a number of doctors are brought into the presence of a Court, to express their *opinions* upon a particular subject, how well it is understood, especially by the lawyers, that so far from throwing light upon the obscure point, and satisfying the minds of a bewildered jury, their conflicting opinions, theoretical fancies, and baseless dogmatism, render “confusion worse confounded.” Happy the criminal whose sentence is made to depend, by the artful tactics of his counsel, upon the settlement of some doubtful question in legal medicine, or the concurrent opinions of three or four doctors.

The "glorious uncertainty" of legal justice, and of medical testimony, is illustrated with melancholy force in the history of a "prosecution for mal-practice" published in the 24th No. of your Journal. The author of the article alluded to, professedly makes the circumstances of this case public, for the praiseworthy purpose of guarding the junior members of the profession against similar misfortunes; and it is my purpose to inquire whether the medical witnesses who testified upon the occasion of the trial, have not contributed in a culpable degree to the disgrace and pecuniary injury of a young, and, most probably, friendless physician. I ask of every surgeon of experience, who has perused the account of this case and the trial, whether, from all the facts relative to the nature of the primitive injury to be collected in Dr. March's publication, he is prepared to pronounce it to have been a dislocation of the elbow-joint? All authorities, and every-day experience, prove that the forearm is considerably and immovably flexed upon the arm, when such a dislocation as that alleged to exist in this case, occurs. Druitt speaks of this injury to the following effect. "When both radius and ulna are dislocated *backwards*, the elbow is bent at a right angle, and is immovable;" and again, "in dislocation of the ulna solely, backwards, the olecranon is much projected backwards; the elbow is immovably bent at right angles," &c. &c. Does it appear in the testimony that such was the position of the limb? On the contrary, the young physician found it impossible to flex the arm; applied his "extension and counter-extension," as Dr. March informs us, "*while the limb was in the straight or extended position*," and that whenever he attempted to flex it, there was a "chuck backwards." The dislocation was not reduced, and yet "the degree of flexion can be pretty accurately estimated" by the length of the sling in which it was suspended.

Again, "at the end of seven or eight weeks," says the writer, "the patient called upon me at the Albany Medical College with his elbow swollen and stiff, and in *nearly the straight position*." If this was the position of the limb at that time, it is fair to presume that *something else* had occurred to produce the departure from the ordinary position of the limb after such an injury.

The question of the prosecution, "What is the present condition of the elbow-joint of the plaintiff; and what was the original nature of the injury?" was promptly answered by the medical witnesses, all of whom agreed that there was a fracture of the external condyle of the os humeri, and a backward dislocation of the ulna. This, too, was at a time nearly twelve months removed from the period of the injury, and after efforts, sufficiently vigorous to tear off the olecranon, had been made to reduce the supposed dislocation at the Albany College. The position of the limb was not such as we are taught to expect where a backward dislocation of the joint has occurred. Some of the witnesses thought that the coronoid process was fractured, a circumstance of exceeding consequence in estimating the degree of responsibility of a physician having charge of such a case. The following sentence may be found in S. Cooper's Surgery. "When the coronoid process is broken, *and the arm*

extended, the olecranon projects back in such a degree as to create the appearance of a dislocation." This was precisely the position of the olecranon in this case, while the arm was in the extended position. From all that we can gather from this imperfect narrative, it seems highly probable that the coronoid process was, in fact, broken, and that a New York jury has awarded damages to the amount of \$450 against a reputable young physician, whose misfortune it has been to have devoted his skill and attention to an ungrateful patient afflicted with an injury which the great Sir Astley says "*does not admit of the bone being afterwards preserved in its natural position.*"

Another singular perversion of testimony occurs when the witnesses are asked, "What is the evidence of the reduction of a dislocation?" All replied, "restoration of the *form* and *shape* of the joint, and freedom of motion." Was the jury permitted to rest under the impression that, because the "form and shape of the joint" were not restored, the persecuted young physician had been culpably remiss in his duty, or disgracefully ignorant of the ordinary rules of his profession, when these same witnesses had just testified that the external condyle was fractured, and some of them thought the coronoid process in addition? If so, justice is well represented blind, and has been shamefully prostituted to the cause of injustice and oppression. There is ground for stern censure in the conduct of those who acted in this trial, if Dr. March has given a faithful and full sketch of the proceedings, and it is the duty of society to inquire whether a friendless young man, who has staked his hopes upon success in the walks of a liberal profession, has not been wronged most deeply by the jury and his colleagues.

JUSTICE.

Lexington, Ky., July 23, 1847.

A CASE FOR THE ANTI-AMALGAM MARTYRS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I perceive, from an article in your Journal of the 21st inst., that Dr. J. F. Flagg, of your city, has added his name to the list of martyrs "in the cause of truth and humanity," who have, with Dr. Parnly, announced their readiness to sacrifice everything in order to put down that abominable "amalgam," which is so generally used by dental practitioners. Dr. Flagg will not, it is to be hoped, be disposed to regard me as irreclaimably profane, when I make the candid confession that I did share largely in the amusement which his communication created on its appearance in this neighborhood. But, then, the temptation was so irresistible! The fact is, Mr. Editor, the solemnity, pertinacity and *naïveté* with which a few practitioners of the sublime art of "dentistry," as they call it, insist, through thick and thin, on the awfully destructive and deadly effects of "amalgam," would relax the severity of the longest face in christendom.

No matter how plain and direct the statements and arguments of the most distinguished physicians and chemists who have presented their

views on this subject, and established the innocence of "amalgam," these half dozen dentists will still have it that it is the deadliest "poison" in the world. The evidence obtained in the case of Mr. Ames produced in the minds of all, save those individuals, the same impression which you, Sir, stated with characteristic frankness in the Journal of the 7th inst. But these gentlemen are not to be so easily overcome. They are made of "sterner stuff." Every fresh piece of evidence to the contrary only renders them still more obstinate than ever in the belief that Mr. Ames was killed by "amalgam." The strongest light fails to penetrate the solid darkness of their prejudice. Nay,

"As Heaven's blest beam turns vinegar more sour,"

the fresh proof only augments their blind perversity!

Yet, after all, I have some hope for these gentlemen. I do not believe they are wholly incorrigible. I am disposed to give them a few additional lessons; and with your permission will now introduce them to a case in which twenty ounces of this awful "amalgam" were swallowed with perfect impunity!

[From "The Philadelphia Journal of the Medical and Physical Sciences," Edited by E. Chapman, M.D. Vol. I., Art. viii., p. 135.]

"A Singular Case of Tænia or Tape Worm. Communicated by CHARLES CALDWELL, M.D., Profess. of the Institutes of Medicine, &c., in the University of Transylvania.—Mr. J. P., formerly a respectable merchant of New Orleans, now of Louisville, Kentucky, had been subject to tænia for three or four years. The affection having been troublesome, obstinate and debilitating, several physicians had been consulted, and a cure attempted by the use of the customary remedies. But though some relief had been obtained, nothing had proved sufficient to eradicate the offending cause. By steady perseverance in the means adopted, thirty feet of the worm had been discharged in the space of about three years.

"At length, in the month of January (1820), the following prescription, derived most probably from Darwin's Zoonomia, was given by a physician. R. Hydrargyi, stanni, aa ʒ xij. F. amalgam. This metallic paste was directed to be divided into twenty-four doses, each, of course, weighing one ounce; and the doses swallowed at regular intervals of one hour. In this only did the prescribing physician deviate, in his practice, from that of Dr. Darwin, who orders the article to be taken every two hours. The process was to be terminated by a saline purgative. Although the remedy prescribed appeared somewhat formidable, yet Mr. P. being a man of firmness, and having sustained from his complaint great inconvenience, and no small degree of distress, determined to pursue the course directed. Accordingly, having procured from Dr. Wilson (of Louisville) the requisite amount of 'amalgam,' prepared for the occasion, and divided into ounce doses, he commenced the process, and faithfully persevered in it until he had swallowed fifteen ounces, in the same number of hours. Experiencing, by this time, a disagreeable sensation of 'weight' in his bowels, he resolved to proceed, for the present, no further. On the following day he took the saline purgative, and

expelled a portion of the worm, measuring *forty feet*. Along with this portion, confined chiefly within the folds, was discharged a small quantity of amalgam. Several minute parcels of it were afterwards evacuated, but the main bulk remained in the bowels. This Mr. P. repeatedly stated to his physician, confidently assuring him that he felt distinctly the metal in his intestines. Incredulous of the fact, the physician declined an examination, and ceased, at length, to regard the case as an object of attention.

"Shortly afterwards Mr. P. was called by business to New Orleans. In the course of his voyage, he had the mortification to find that the whole of the tænia was not expelled—the state of his health being in no degree meliorated.

"On his return to Louisville, determined to finish the experiment he had begun, he swallowed four ounces more of the amalgam, which, added to what he had antecedently taken, amounted to *nineteen ounces*. From this second effort no salutary effect resulted. Saline purgatives were again resorted to, without any further discharges of the worm.

"Of the whole metallic mass swallowed, Mr. P. does not believe he has evacuated more than two ounces; consequently the remaining *seventeen* are still in his bowels.

"Such, substantially, are the *details* of the case, communicated to me by Dr. Wilson, as well as by the gentleman *himself*, who is the subject of the disease. Of the truth of that part of the narrative, which alone appears extraordinary, there is ample testimony. The metallic mass, of a roundish figure, and in an impacted and firmly-contracted and resisting condition, is plainly and distinctly perceptible to the touch. Its size is about that of a pound bullet; and its weight, for it can be easily made to rest on the fingers, denotes at least an equal amount of matter. This substance is firmly fixed in the intestines, attached to *one spot*; but the intestine itself is perfectly movable. When, by leaning forward, the patient places his trunk in a horizontal position, it falls near to the umbilicus, and throws its entire weight on the hand when applied beneath it. It can also be readily grasped between the thumb and fingers.

"On the general health of Mr. P. this large extraneous body, though it has lain nearly eight months in his intestines, has produced as yet no obviously deleterious effect. His appetite and digestion are as good as they have been for many years, and his alvine evacuations are regular and natural; once or twice, of late, he has had slight sensations of colic, but thinks them referable to irregularity in diet.

"It must not be inferred, however, from this part of our statement, that the ball is productive of no inconvenience. The reverse is true in an eminent degree. On horseback our patient cannot travel without real suffering, occasionally producing priapism, nor is the motion of a carriage much less troublesome to him; even walking hastily down stairs, or stepping incautiously, proves painful."

With the physician's speculations upon the case, and its probable results, ends this interesting report.

I have transcribed this remarkable case rather on account of its rare

interest to the medical profession, than from any idea of the necessity of adding further demonstration of the innocuousness of "amalgam." However, it may surely be deemed a pertinent inquiry—"Is it possible that after this we shall hear any more about the death of Mr. Ames from swallowing amalgam?"

I am, with great respect, yours,

381 Broadway, N. York, July 27, 1847.

A. C. CASTLE, M.D.

INFLUENCE OF ATMOSPHERIC VICISSITUDES IN PRODUCING BILIARY DERANGEMENT.

[Communicated for the Boston Medical and Surgical Journal.]

THROUGHOUT the animal kingdom, the *liver* and *lungs* bear an inverse ratio to each other in their degree of development; and the less hydrocarbon is separated from the blood by respiration, the more there is eliminated by the liver. In the human foetus, also, the liver, proportionally to the lungs, is much larger than after birth, when the latter organs have assumed their office in the animal economy. These, with numerous other anatomical and physiological facts, prove that *respiration* and the *biliary secretion* are vicarious functions; and hence, in proportion as the one is increased, the other is diminished.

Experiment proves that a much larger amount of carbonic acid is given off by respiration in a cold than in a warm atmosphere. At 96° a guinea pig exhaled, in a given time, two grains of carbonic acid, while at 63°, four grains were given off, and at 32° five grains. Nearly the same ratio holds good with the respiration of man. It must be obvious, then, that if the temperature suddenly rise from 32° to 96°, the lungs will eliminate much less carbon from the blood than before, and also much less hydrogen, which escapes by uniting with oxygen and forming watery vapor. Now as one office of the liver is to separate from the blood that hydrogen and carbon not removed by other means, it must have, from this diminished action of the lungs, a much larger amount of labor thrown upon it, and that before it can adapt itself to this change. This sudden and undue excitement of the liver either induces inflammation of this organ, or an abundant secretion of bile. If there be co-existent bronchitis produced by the atmospheric change, it will only increase the excitement of the liver by rendering the lungs still more incapable of vigorous respiration.

Now let us suppose that the temperature suddenly falls from 96° to 32°, and what follows? From the principles already laid down, the answer is obvious. Vigorous respiration is re-established, the lungs exhale carbon and hydrogen freely, and the necessity of augmented biliary secretion is superseded, the liver falling as much below the healthy degree of activity, as it had been raised above. Then succeeds torpor of the liver, and diminished and deranged secretion, which renders more active respiration necessary in order to rid the blood of the superfluous carbon and hydrogen; and this, acting in connection with the excitement of the lungs produced by the sudden re-establishment of vigorous respiration, may in

its turn produce inflammation of some of the pulmonary structures. Hence, we frequently find, in the commencement of biliary diseases, hoarseness, cough, and other symptoms of inflammation of the pulmonary mucous membrane. I conceive that to these sudden actions and re-actions between the pulmonary and biliary organs, may be traced the origin of bilious fevers, bilious pneumonias, and many diseases of this class so common in some seasons.

I have been led to think upon this subject, from observation during the past winter and spring. The season in this locality has been exceedingly variable, and changes have occurred almost as striking as those instanced, and within a few hours. For some three months, including the last of winter and first of spring, there was an important change in the temperature of the atmosphere on an average every twenty-four hours, and nearly every case of disease that fell under my treatment, was characterized by no inconsiderable degree of biliary derangement. In the outset many of the cases appeared to be no more than a common catarrh, attended with hoarseness, cough, and headache. After a few days this commonly gave way, and bilious fever supervened, continuing from seven to fourteen days; or if the biliary derangement were slight and readily removed, health was restored sooner. It may also be remarked of pneumonia occurring at this time, that it was of the congestive character, the co-existent hepatic derangement aggravating the pulmonary.

We usually attribute hepatic diseases to elevated temperature; and hence their frequency in warm climates and the hot season; and this may be true, to some extent, but I think that changes in the weather have been considered as effecting the *pulmonary organs* too exclusively, and their due share of influence in the production of hepatic disease has not been considered. The present season, which is the hottest in the year with us, is not characterized by as many cases of biliary derangement as was the changeable weather of last winter and spring. In accordance with my experience and observation, I would lay it down as a principle, *that in any given locality the amount of hepatic disease is proportioned to the extent and frequency of atmospheric vicissitudes, other things being equal.* Am I not sustained by anatomical and physiological considerations, as well as by the experience of the majority of physicians?

West Poughkeepsie, N. Y., July 19th, 1847.

Yours truly,

WM. H. MILLER.

"HONOR TO WHOM HONOR IS DUE."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In justice to Dr. March, of Albany, I herewith furnish you with the data upon which the claims of the Albany Medical College rest for the honor of establishing the first *medical and surgical clinique*, specially and directly connected with a medical college, in this country.

Neither the writer, nor any other friend of the institution, would have deemed it necessary to come before the medical public with such

a claim for the Albany Medical College, had not the translator of Velpeau's valuable work on operative surgery claimed the honor for our able and distinguished countryman, Dr. Mott. From what we all know of the generosity and goodness of heart of our old friend Mott, we cannot believe that he would willingly permit even a devoted friend to award to himself honor, or credit, to which he was not legitimately entitled. We presume to say, therefore, that if the facts we are about to state, had been known, either to the translator of the work above mentioned, or to Prof. Mott, the credit of being the first to establish a medical and surgical clinique in America would not have been claimed by, or for, Dr. Mott.

In a note, by the translator of Velpeau, under the head of "Tenotomy, Myotomy and Anaplasty in America," at page 517, Vol. I., will be found the following remarks, not only as respects the claims of Dr. Mott to the honor of establishing the first clinique in the United States, but as claiming the credit of being "most instrumental in domiciliating in our own country this most important branch of surgery." We quote from about the middle of the page referred to. "Dr. Mott, during his residence at Paris, and his visit to Berlin, Dresden, &c., had carefully studied the rapid and almost magic progress of this department of surgery, to whose very birth, as it were, and almost masculine (if not too precocious) maturity, it may be said he was an eye-witness, at the great orthopedic establishments of Guerin, Bouvin, and others. And to him belongs, in great part, the credit of having immediately, on his return to America, in 1841, by his publicly-expressed approbation of their utility at the clinique established by him at the University of New York (the first in the United States), infused among our practitioners a general knowledge and desire not to lag behind their brethren of Europe; and thus, in fact, may be said to have been most instrumental in domiciliating in our own country this most important branch of surgery."

Upon this subject we will now give the facts, and permit the medical public to decide to whom the honor belongs. The first course of medical lectures given in the Albany Medical College, commenced the first week in January, 1839, and on the first Saturday following, a large number of patients presented themselves before the entire medical class, physicians and citizens, in the anatomical theatre, for medical and surgical aid; for the relief and cure of whom, a number of operations were performed. The second course of lectures given in the institution commenced on the first week in October, 1839; and the third course in October, 1840, at each of which the regular public *clinique* was kept up with increased number of patients, and with increased interest. So that *three regular courses of public clinical instruction* were given at the Albany Med. College before the medical department of the University of N. York was established, and, of course, before Dr. Mott had returned to America. In the course of the third lecture term, in the latter part of December, 1840, Dr. March's first operation for strabismus was done in the College, at one of the *public cliniques*; and at the time he sailed for Europe, May 1st, 1841, he had operated nineteen times for strabismus, and two or three times for talipes, or club-foot, by dividing the tendo-Achilles.

Of most of the above facts the writer has a personal knowledge, having had the honor of being associated in the Faculty of that institution during all the time named.

Dr. March does not claim the credit of being the first to operate for strabismus and club-foot in this country; though but very few were in advance of him in this respect. But *he may justly claim* the honor of having established the first *medical* and *surgical clinique*, intimately and directly connected with a medical college, in this country.

If Dr. Mott, or his special friend, thinks that all the credit and honor is due to him for having "infused among our practitioners a general knowledge and desire not to lag behind their brethren in Europe;" and that he was "instrumental in domiciliating in our own country this most important branch of surgery," because he lent his aid to the cause, some *six months after* a large number of American surgeons had been extensively and successfully engaged in operating, and in treating these deformities, perhaps it would not be kind or generous to deprive them of the enjoyment of the honor they claim. However, this point may be safely left to the decision of the medical public.

The translator of Mott's Velpeau having learned that he had done Dr. March injustice in claiming, in the first volume, the credit for Dr. Mott of establishing the first clinique in this country, makes what he supposes, no doubt, the *amende honorable* in the preface to the third volume, in the following language:—"We will remark, that we have in our notes to Vol. I., taken occasion to bestow some laudation upon Dr. Mott, as the first person who, upon his last return from Europe, took an early opportunity to establish at the University of this city, and upon a sure basis, the valuable course of public instruction and gratuitous surgical services to the poor, known for the first time in our country, but for several years since in Europe, as a medical and surgical clinique."

"Dr. March, an esteemed professor in the Medical College of Albany, claims priority on this subject—by a year or two in advance of Dr. Mott. But, we will observe, so far as public attendance on surgical operations, and medical prescriptions for the out-door poor, soliciting advice at hospitals, dispensaries, &c., goes, the matter of *cliniques* (applied in an inverse sense to the truth, so far as the etiology of the word, or *bed-side practice*, is concerned) is quite an old affair all over the world, having been in common vogue for a century, or for half a century at least."

While the undisputed right to the honor was claimed for Dr. Mott, the first to establish a surgical clinique in this country, it was a *new and important* era in surgical instruction. But now, "it is an *old affair*," and of no sort of consequence, since some one else is entitled to the credit of originating and conveying into practical operation, such important means of public instruction as *directly connected* with our medical colleges. Perhaps Dr. March will hardly thank the translator for the above-quoted explanation.

August 5, 1847.

CONGENITAL MALFORMATION OF THE INTESTINAL TUBE.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. J. S., aged 26, was delivered at full time, Wednesday, July 28th, at 10 o'clock, A. M., of her first child (a male), weighing eight pounds. There was nothing unusual about the labor, only that it was protracted, and from inefficiency of action ergot was successfully used. The child was well formed, and there was at its birth every appearance of its doing well. It, however, soon commenced vomiting, which continued frequently for two days, and everything given was soon ejected from the stomach. On the second and third days, at two different times, a very little, say a drachm, of green and slimy matter was discharged from the bowels. The tube of a two-ounce syringe readily passed into the rectum, but the injection returned. All means of relief failed, and the child began to falter the second day, and continued to fail, till it expired at 3½ o'clock, Saturday, July 31st, being a little more than three days from birth.

Examination.—The body was examined five hours after death, the dissection being made by Dr. J. B. S. Jackson, of this city. The stomach, duodenum, jejunum, and to about the middle of the ileum, were of the usual size and appearance. About the middle of the ileum, the bowel abruptly contracted to less than the size of a common quill, and thus continued through the colon and rectum to its termination. The contracted parts were of a light color, and their convolutions had the appearance of masses of lumbrici coiled together. No fluid could be made to pass from the uncontracted into the contracted bowel below. The examination most satisfactorily accounted for the death of the child. The heart, lungs, liver, kidneys, &c., were natural in their appearance.

Boston, August 2d, 1847.

GEO. HUBBARD.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 11, 1847.

Surgical and Mechanical Dentistry.—An increased attention to the subject of dentistry is indicated of late by the multiplication of treatises; and there is need enough of them. With all the science and mechanical skill of those who have raised and are continually elevating their profession, the country swarms with a set of reckless men, who are doing an amount of mischief which all the properly taught dental operators in America can hardly repair. New and useful publications appear none too frequently. If they influence the people to encourage those only who are actually masters of their business, an important point will be gained. This is a country of bad teeth and bad dentists; but with the efforts now making by competent writers, the dental colleges, and the co-operation of an enlightened public sentiment, the hope may be indulged of ultimately having the very best operators in the world, wherever the demand for the services of the craft exists.

A practical treatise on the operations of surgical and mechanical dentistry, by Samuel C. Harbert, from the press of Messrs. Barrett & Jones, of Philadelphia, containing 216 pages and illustrated by lithographic plates, has been placed on sale within a few weeks. The author's name is new to us. He has, however, given convincing testimony of his ability to teach others whatever is known to himself. Part I., arranged in five chapters, is confined to the anatomy of the teeth, the process of dentition, diseases, treatment, instruments, &c. &c., together with judicious remarks upon preparing the mouth for the insertion of artificial teeth. Part II. is the gem of the book—mechanical dentistry, in nine chapters. They are devoted to the consideration of artificial teeth manufactured from those of animals, coloring principle, formulas, moulding porcelain teeth, plates for mounting, soldering, plaster models of the jaws, tools, and, finally, the value of the letheon is discussed, the reproduction of osseous matter considered, and the famous ligamentum dentium disposed of as a sensible man should deal with such a glaring attempt to impose upon the ignorant. This is, on the whole, a familiarly constructed table book for the dentist, more useful to him than to the general reader; and from the fact that it gives minute instructions in regard to manufacturing, all dentists ought to have it.

Latham on Auscultation and Semeiology.—A second edition of *Lectures on subjects connected with Clinical Medicine*, by P. M. Latham, M.D., &c., of St. Bartholomew's Hospital, from the press of Messrs. Barrington & Haswell, Philadelphia, may be had at the principal bookstores. Dr. Latham has a good reputation, wherever his writings have been circulated. He appears to be a man earnestly devoted to his profession, who omits no opportunity of advancing the great interests of a science that contemplates an increased value of life and alleviation of the sufferings of disease. "The Lectures," says Dr. Latham, "now published, embrace one part only of Semeiology. The inquiry, as far as it has gone, has been occupied with the evidence, which each organ is capable of furnishing, of its own diseases, by symptoms directly referable to itself, and involved in the actual state of its sensations, functions and structure. This is the simplest and easiest part of semeiology."

There are fifteen lectures in the series comprising the volume, written in a plain, familiar manner, and so arranged that there is a regular ascent from elementary principles, to the exact and highest knowledge on the various subjects brought under notice. Lecture I. treats of the education of medical men. Lecture II., the ample materials afforded by hospitals for the clinical study of medicine, &c. Lecture III., remarks upon taking cases. IV., pathology. V., on the proper objects of medical investigation. VI., on the doctrine of symptoms. VII., the same subject continued. VIII., the same, further elaborated; and, finally, all the remaining lectures are a continuation of that very fertile matter, the doctrine of symptoms, detailing, step by step, all the shades of appearance externally, and the variations from a standard of health in different organs, and the sensations of the patient, in passing from one stage of disease to another. We consider this publication well deserving of that patronage which men of enlarged professional views should bestow upon works of the first character on practical medicine.

Analysis of Physiology.—A pleasant, profitable treatise was very recently published at Philadelphia, by Mr. J. G. Auner, entitled, "Analysis of Physiology, being a condensed view of the most important facts and doctrines. Designed for the use of students. By John G. Reese, M.D. &c." It is but an act of justice to say that the treatise is an excellent one. It is better calculated, however, for individuals somewhat advanced in physiological inquiries, than those just commencing the study. There is a kind of hard technicality running through the text, that might have been avoided, since the English language is happily constructed in a manner that enables us to express every shade of thought with simplicity and effect. One of the prominent objections usually brought against elementary treatises on anatomy, physiology and philosophy, is that they are made obscure to the young by the too free use of long and technical terms peculiar to the science. But although this objection may apply with some truth to Dr. Reese's treatise, we must confess that on the whole we like it very well—as it contains the essence of the long list of physiological researches, which are scattered through our libraries, in all the languages of ancient and modern times.

Imitation Spa Water.—Having inspected a specimen of chalybeate effervescing powders, manufactured by Mr. W. F. Teulon, Jr., of Boston, it is due to his ingenuity, as a practical chemist, to say that he has succeeded well. Physicians will be very likely to prescribe the draught, since the effect, in certain cases, must be very satisfactory. A specimen of the pure sulphate of iron, also made by Mr. Teulon, meets the entire approval of an experienced druggist, to whom it has been shown, which has strengthened us in the hope that the public may sustain the young chemist in his scientific efforts. The following is the mode in which it is prepared:—"The yellow paper contains ferri sulph., grs. v.; acid tart., grs. xxv. The blue paper contains soda bi-carb., grs. xl. When mixed in solution, double decomposition takes place, and ferri bi-carb. and soda tartratis in solution with free carbonic acid is the result. Their utility will at once be perceived."

Rival Claims in Science.—MR. EDITOR. The following is from a work by Sir David Brewster. It was written about sixteen years ago, but I suppose it is not so old as to be without some truth now.

"In the history of science it has always been a difficult task to adjust the rival claims of competitors, *when the one was allowed to have completed what the other was acknowledged to have begun.* He who commences an inquiry, and publishes his results, often goes much further than he has announced to the world, and pushing his speculations into the very heart of his subject, frequently submits them to the ear of friendship. From the pedestal of his published labors his rival begins his researches, and brings them to a successful issue; while he has in reality done *nothing more than complete and demonstrate* the imperfect speculations of his predecessor. To the world and to himself, he is no doubt in the position of the *principal discoverer*; but there is still some apology for his rival when he brings forward his unpublished labors; and some excuse for the exercise of personal feeling, when he measures the speed of his rival by his own proximity to the goal."

Case of Ligature of common Carotid, for removal of Parotid Gland.—By A. B. SHIPMAN, M.D., Professor of Surgery in Indiana Medical College. (Communicated by Dr. Norris.) Mr. —, æt. 70, spare habit, but good general health, had a tumor at the angle of the jaw, of four years' standing. She resided in Tully, Onondaga Co., N. York. The tumor was about the size of an orange, very hard, with lancinating pains through it. Diagnosis, scirrhus of the parotid gland. It was determined to extirpate it. Previous to extirpation it was decided to tie the carotid, which was done by myself and Dr. Norman Van Dusen, of Tully. At the commencement of the operation, considerable hemorrhage attended, but the operation was finished, and the patient recovered, the wound healed, and the ligature came away on the twenty-eighth day of the operation. The patient was well one year from the operation, but I understood the tumor returned again in the course of two years, and she finally sunk under it. But she recovered perfectly from the operation of tying the carotid. This was in May, 1844, and has never been reported before.—*American Journal of the Medical Sciences.*

Medical Miscellany.—The New York Annalist states the deaths in the city and county of New York, during the week from July 17 to July 23, to have been 528—including 88 from cholera infantum.—The July No. of the New Orleans Medical Journal is referred to by the Annalist. It has not reached us, and in general the Nos. are very irregular in their appearance here.—Dr. W. H. Donne, of Louisville, Ky., has been appointed professor of anatomy, in the new medical college of Memphis, Tenn., in the place of Dr. Bybee, resigned.—A Mrs. Horn, of Burlington, N. Y., gave birth recently to three sons, who are all doing well.—Among the notices of recent American patents in Newton's London Journal of Arts for June, is one to John Allen, of Cincinnati, Ohio, "for a method of restoring the fulness or roundness of the cheeks." This he proposes to accomplish by means of metallic bulbs, formed, fitted to, and secured in the mouth by any suitable attachment between the jaw-bones and the cheeks.—The Viceroy of Egypt has just decided that, in future, the inhabitants of each village shall be bound to deliver every month, to the collector of taxes, an account of all the births since his last visit. This is the first attempt to establish a census in that country. The wife of a supervisor of Bridgenorth, England, has lately presented her husband with three children. He is now the happy father of *twenty-six*.—The St. Louis Medical and Surgical Journal commences its fifth volume with enlarged dimensions and improved appearance. The editors are Drs. Linton and McPheeters.

TO CORRESPONDENTS.—Papers on the following subjects have been received—viz., Mineral Paste for Teeth, Operative Surgery, Epidemic among Horses, the American Institute of Homœopathy.

DIED.—At Philadelphia, Dr. Robert Harris, 70.

Report of Deaths in Boston—for the week ending Aug. 7th. 103.—Males, 58—females, 45.—Stillborn, 8. Of consumption, 17—typhus fever, 23—pleurisy fever, 1—lung fever, 2—scrofula, 1—jaundice, 1—dropsy, 2—dysentery, 8—disease of the bowels, 27—infantile, 7—cramp, 1—canker, 1—hernia, 1—marasmus, 1—dropsy on the brain, 1—convulsions, 3—teething, 1—inflammation on the brain, 3—measles, 1—old age, 1.

Under 5 years, 48—between 5 and 20 years, 11—between 20 and 40 years, 27—between 40 and 60 years, 13—over 60 years, 4.

Use of Ether in Natural Labor.—J. G. Langsdow, Esq., M.R.C.S.E., and surgeon to the Bristol General Hospital, reports in the London Lancet, two cases of natural labor in which the ether was successfully employed. At the close of the reports, he remarks as follows.

"These cases fully show that the ether may be given in natural labors with impunity, and also that the suffering may be entirely removed; this alone is quite sufficient to remove that depression under which the pregnant female frequently labors for months previous to her delivery, and which often produces a great shock to the system generally, quite unfitting her for any exercise, which is so beneficial to her when in that condition. I am better pleased with its application to natural labors than to any of the cases in which I have used it, which have now, for different purposes, amounted to fifty; and in none have I seen a bad symptom following its use."

The late Dr. Ramsbotham.—This eminent physician, John Ramsbotham, M.D., has bequeathed the receipts which may arise from the sale of his medical publications to his wife during her life, and has directed that an annuity of 150*l.* shall be purchased for her, and that she receive the interest of the residue of his property. And at her decease he leaves to his son Francis Henry Ramsbotham, M.D., who is the acting executor of his will, the copyright of all his medical works and all other medical books, and his manuscript cases; and then, after making one or two bequests, he divides between his sons, Francis and Charles, the ultimate residue of his property. He had attained the age of eighty, and had purchased, only a year before his death, an annuity of £150 for his life, which was insured in the Equitable and London Life Assurance Offices.—*London Lancet.*

ALBANY MEDICAL COLLEGE.

THE next Annual Course of Lectures will commence on the first Tuesday of October, and will continue 16 weeks.

ALDEN MARCH, M.D., Professor of Surgery.
T. ROWEN BECK, M.D., Prof. of Materia Medica.
JAMES McNAUGHTON, M.D., Prof. of Theory and Practice of Medicine.
LEWIS C. BECK, M.D., Prof. of Chemistry.
EBENEZER EMMONS, M.D., Prof. of Obstetrics and Natural History.
JAMES H. ARMSTRONG, M.D., Prof. of Anatomy.
THOMAS HUN, M.D., Prof. of Institutes of Medicine.
ANSON DEAN, Esq., Prof. of Medical Jurisprudence.

The fees for a full course of Lectures are \$70. The Matriculation fee is \$5; Graduation fee, \$25. During the month of September, the Faculty will deliver two lectures daily, to which students who have matriculated will be admitted without additional charge. As these lectures do not make part of the regular annual course, attendance on them will not be exacted for graduation.

Those who wish for further information, or for circulars, will address a letter (post paid) to the Registrar.
June 30—eptOct1
THOMAS HUN, Registrar.

JEFFERSON MEDICAL COLLEGE.—Session of 1847-48.

THE regular Course of Lectures will commence on Monday, the first of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine, &c.
ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.
JOSEPH PANCOST, M.D., Prof. of General, Descriptive and Surgical Anatomy.
JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.
THOMAS D. MÜTTER, M.D., Prof. of Institutes and Practice of Surgery.
CHARLES D. MEIGS, M.D., Prof. of Obstetrics and Diseases of Women and Children.
FRANKLIN BACHE, M.D., Prof. of Chemistry.
ELLENBIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases are investigated, prescribed for, and lectured on before the class. During the past year, eight hundred cases were treated, and two hundred operated upon. The Clinical Lectures are so arranged as to permit the student, should he desire it, to attend the Medical and Surgical practice and Lectures at the Pennsylvania Hospital. After the 1st of October, the dissecting rooms of the College will be open under the direction of the Professor of Anatomy and the Demonstrator.

The number of students during the last Session was 493; and of graduates 181.

R. M. HUSTON, M.D., Dean of the Faculty.
Philadelphia, July 1, 1847. July 28—eptNov1 No. 1 Girard Street.